

Initial Information Data Sheet

Inventor Information

Inventor One Given Name:: Bruce J.
Family Name:: Holub
Postal Address Line One:: 26 Ridgeway Drive
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City:: Guelph
State or Province:: Ontario
Country:: Canada
Postal or Zip Code:: N1L 1G9
City of Residence:: [include this only if different from postal address]
State or Prov. Of Residence:: [include this only if different from postal address]
Country of Residence:: [include this only if different from postal address]
Citizenship Country:: Canada

Inventor Two Given Name:: F. William
Family Name:: Collins
Postal Address Line One:: 596 Parkdale Avenue
Postal Address Line Two::
City:: Ottawa
State or Province:: Ontario
Country:: Canada
Postal or Zip Code:: K1Y 1J2
City of Residence:: [include this only if different from postal address]
State or Prov. Of Residence:: [include this only if different from postal address]
Country of Residence:: [include this only if different from postal address]
Citizenship Country:: Canada

Inventor Three Given Name:: Dominique P.
Family Name:: Bureau
Postal Address Line One:: 457 Edinburgh Road South
Postal Address Line Two:: Apartment 101
City:: Guelph
State or Province:: Ontario
Country:: Canada
Postal or Zip Code:: N1G 2Y5
City of Residence:: [include this only if different from postal address]
State or Prov. Of Residence:: [include this only if different from postal address]
Country of Residence:: [include this only if different from postal address]
Citizenship Country:: Canada

Inventor Four Given Name:: Diana J.
Family Name:: Philbrick
Postal Address Line One:: 381 Edinburgh Road South

Postal Address Line Two:: Apartment 302
City:: Guelph
State or Province:: Ontario
Country:: Canada
Postal or Zip Code:: N1G 3S7
City of Residence:: [include this only if different from postal address]
State or Prov. Of Residence:: [include this only if different from postal address]
Country of Residence:: [include this only if different from postal address]
Citizenship Country:: U.S. Citizen; Landed Immigrant Canada

Correspondence Information

Name Line One::
Name Line Two:: Bereskin & Parr
Address Line One:: Box 401
Address Line Two:: 40 King Street West
City:: Toronto
State or Province:: ONT
Country:: Canada
Postal or Zip Code:: M5H 3Y2
Telephone One::
Telephone Two:: (416) 364-7311
Fax:: (416) 361-1398
Electronic Mail:: anador@bereskinparr.com

Application Information

Title Line One::
Title Line Two::
Title Line Three::
Total Drawing Sheets::
Formal Drawings?::
Application Type::
Docket Number::

Representative Information

Representative Customer Number:: 001059

Continuity Information

This application is a:: non-provisional of provisional
> Application One:: 60/236,341
Filing Date:: September 29, 2000

This application is a::

Year	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

which is a:
>>>Application Four::
Filing Date::

Foreign Application One::
Filing Date::
Country::
Priority Claimed::